

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23		2				
24						
25						
26						
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		2				
66						
67						
68						
69						
70						
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		1				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						